



**ACKNOWLEDGEMENT OF NOTIFICATION
OF
HAZARDOUS WASTE ACTIVITY**

08/23/99

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER	→	NYR000075291
INSTALLATION NAME	→	NYCHA - WOODSON HOUSES
INSTALLATION ADDRESS	→	393 POWELL ST BROOKLYN, NY 11212-2516
MAILING ADDRESS	→	250 BROADWAY NEW YORK, NY 10007-2516

EPA Form 8700-12AB (4-80)

**UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 2
290 BROADWAY, 22nd Floor
NEW YORK, NEW YORK 10007-1866**

**ATTN: DIV OF ENVIRON PLANNING & PROTECTION
RCRA PROGRAMS BRANCH**

**TO: OCELLO, FRANK
SUPT
250 BROADWAY
NEW YORK, NY 10007-2516**

ALL SECTIONS MUST BE COMPLETED

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

U.S. EPA
Form Approved OMB No. 2050-0028 expires 6-30-93
GSA No. 0246-EPA-OT

Date Received
(For Official Use Only)

8-12-99

AUG 12 1999

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



EPA

Notification of Regulated Waste Activity

United States Environmental Protection Agency

I. Installation's EPA ID Number (Mark X in the appropriate box)

☐

A. First Notification

☐

B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number

NYR000075291

II. Name of Installation (include company and specific site name)

WOODSON HOUSES

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street MUST HAVE BUILDING NUMBER OR ADDITIONAL DESCRIPTION

393 POWELL STREET

Street (continued)

City or Town

BROOKLYN

State

NY

ZIP Code

11212-2516

County Code

047

County Name

KINGS

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

250 BROADWAY

City or Town

NEW YORK

State

NY

ZIP Code

10007-2516

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

OCELO

(first)

FRANK

Job Title

SUPERINTENDENT

Phone Number (area code and number)

212-306-3229

VI. Installation Contact Address (See Instructions)

A. Contact Address Location

Mailing

☐
☒

B. Street or P.O. Box

City or Town

State

ZIP Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

(LANDLORD)

NYC HOUSING AUTHORITY

Street, P.O. Box, or Route Number

250 BROADWAY

City or Town

NEW YORK

State

NY

ZIP Code

10007-2516

Phone Number (area code and number)

212-306-3229

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed) Month Day Year

Yes

No

FROM: JACI HOYT, EPA REGION 2, 290 BROADWAY

Address Verified NYC NY 10007-1866 22ND FLOOR
US Post Office (G)

ID: For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities	
<input type="checkbox"/> 1. Generator (See instructions) <input type="checkbox"/> a. Greater than 1000 kg/mo (2,200 lbs.) <input type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.) <input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.) <input type="checkbox"/> 2. Transporter (Indicate Mode in Boxes 1-5 below) <input type="checkbox"/> a. For own waste only <input type="checkbox"/> b. For commercial purposes Mode of Transportation <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify _____ <input type="checkbox"/> 3. Treater, Storer, Disposer, or Regulator (Not a permit required for this activity, see instructions) <input type="checkbox"/> 4. Hazardous Waste Fuel <input type="checkbox"/> a. Generator Marking to Burner <input type="checkbox"/> b. Other Marking <input type="checkbox"/> c. Boiler and/or Industrial Furnace <input type="checkbox"/> 1. Smelter Refractory <input type="checkbox"/> 2. Small Quantity Exemption Indicate Type of Combustion Device(s) <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 5. Underground Injection Control	<input type="checkbox"/> 1. Off-Specification Used Oil Fuel <input type="checkbox"/> a. Generator Marking to Burner <input type="checkbox"/> b. Other Marking <input type="checkbox"/> c. Burner - Indicate device(s) Type of Combustion Device <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 2. Specification Used Oil Fuel Marking (or On-site Burner) Who First Claims the Oil Meets the Specification		

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (D004)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s):)

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature ORIGINAL OF GENERATOR <i>Frank Ocello</i>	Name and Official Title (type or print) Mr. Frank Ocello, F.O. Rem. Coord	Date Signed 8/11/99
--	--	------------------------

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

Please begin